

COVID-19 Private Provider Sampling

**UKAS Application Form**

This form is for use by COVID-19 sampling organisations applying for UKAS accreditation **for the first time** only.

Applications for COVID-19 laboratory testing should use the standard application form.

**Notes on the completion of the UKAS Application Forms**

1. This form is only to be used by private providers of sampling services for subsequent testing by a laboratory for Covid-19. Applicants that are providing sampling and testing, point of care testing (POCT) or testing only should complete the standard UKAS application forms available on the UKAS website.
2. Once you have completed this form signed the declaration and attached all the additional information required (as indicated in the forms), please return electronically to the Applications Unit [**apps@ukas.com**](mailto:apps@ukas.com).
3. Please ensure that you have read all the appropriate standards and publications relevant to your application. All UKAS Publications are available to download for free from our website. Please visit the [**Publications**](https://www.ukas.com/technical-services/publications/) area of the UKAS website, [**www.ukas.com**](http://www.ukas.com).

For information on the status and progress of your application, please contact us on**01784 429020**or e-mail the Applications Unit [**apps@ukas.com**](mailto:apps@ukas.com).

Any specific queries relating to accreditation of Covid-19 sampling and/or testing should be sent to [**covid@ukas.com**](mailto:covid@ukas.com).

1. UKAS will require access to your documented management system (e.g. Quality Manual) during the application and assessment process. Any amendments made to the system during this time should be forwarded to UKAS. Upon successful completion of the UKAS assessment process, an authorised copy of the management system documentation should be retained at the organisation and maintained for use by UKAS as required. Please refer to the **UKAS Privacy Policy** on our website.

All information given to UKAS for the purposes of this application will be treated in the strictest confidence.

**Please note:** incomplete applications will result in a delay in processing; therefore please ensure you have all the information required before returning it to UKAS, and that you have read, understood and acted upon the appropriate standards, publications and regulations.

**Part 1: Organisation information**

|  |  |
| --- | --- |
| 1. Organisation Name: |  |

(Please enter the name of the organisation requiring UKAS services, stating ***legal entity*** and ***trading name*** if different.)

|  |  |
| --- | --- |
| Main address: |  |
| Website: |  |

|  |  |
| --- | --- |
| Tel: | Email: |

|  |  |
| --- | --- |
| 1.2 Contact person: |  |

(If the contact person is *not* an employee of the organisation stated in 1.1, please state the nature of the relationship of this person with the organisation requiring UKAS services)

|  |  |
| --- | --- |
| Position: |  |

|  |  |
| --- | --- |
| Address:  *(if different from above)* |  |

|  |  |  |
| --- | --- | --- |
| Tel: | Mobile: | Email: |

*The information requested in 1.3 to 1.6 below is required to give UKAS as much background information on the organisation as possible*

1.3 What is the main business activity of your organisation?

|  |
| --- |
|  |

1.4 Please state the legal status of the organisation [check one of the following options and provide documentary evidence of the status]

|  |  |
| --- | --- |
| Private limited company | Private partnership |
| Public body | Part of an academic institution |
| Part of a learned/technical institution | Public limited company |
| Sole trader | Other: Click here to enter text. |

|  |  |
| --- | --- |
| State your company registration number (if applicable): |  |

|  |  |
| --- | --- |
| State your company VAT registration number (if applicable): |  |

1.5 Is your organisation part of a group or Corporation?  YES *[go to 1.6]* NO *[go to 1.7]*

|  |  |
| --- | --- |
| 1.6 Group/Corp. Name: |  |

|  |  |
| --- | --- |
| Address: |  |

Please state your organisation’s relationship with the group or Corporation stated above

*(e.g. parent, holding company etc.):*

|  |
| --- |
|  |

|  |  |
| --- | --- |
| 1.1.7 Invoicing address  *(if different from*  *address stated in 1.2)* |  |

1.8 Please detail location(s) from which the activities for which you are seeking UKAS services will be managed / controlled, and the geographic limits within which the work will be performed?

(It is important for UKAS to establish the span of your operation. Please list all the locations from which either all or elements of the services to be accredited will be managed and/or controlled. In addition to this, if you intend to operate accredited services outside of the UK, regardless of where they will be managed from, please indicate the countries in which you will, or intend to operate.)

|  |
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|  |

1.9 I have enclosed supporting information for section 1 [you must include evidence of organisation status as indicated in section 1.4]

(It would be useful to UKAS to have a copy of any promotional material you may publish, and an annual report, if applicable, to provide additional explanatory information on your organisation. Please attach this with your application and check the box.)

**Part 2: Staff information**

|  |  |
| --- | --- |
| 2.1 Total number of employees  (This number should be the total  in the organisation to be accredited.) |  |

2.2 Breakdown of location of clinicalstaff to be covered by this application

*Note: Clinical staff refers to doctors, nurses and other healthcare workers involved in the activities to be covered by the accreditation as detailed in section 4. If any clinical staff are not employees of the organisation, please provide a copy of any contract, or agreement terms that are in place with the contractor(s) (this includes any agency or franchise agreements you may have in place), and tick the box in 2.5.*

|  |  |  |
| --- | --- | --- |
| **Location of site/branch/regional office/agent office** | **No. of *permanent* clinical staff** | **No. of *contracted* clinical staff** |
|  |  |  |

2.3 Medical or Nurse Director with clinical responsibility *(i.e*.*Registered Doctor or Registered Nurse*)

|  |  |
| --- | --- |
| Name |  |

|  |  |
| --- | --- |
| Qualifications |  |

|  |  |
| --- | --- |
| Relevant Experience |  |

* 1. Quality/Clinical Governance Manager (or equivalent)

|  |  |
| --- | --- |
| Name |  |

|  |  |
| --- | --- |
| Qualifications |  |

|  |  |
| --- | --- |
| Relevant Experience |  |

2.5 I enclose supporting information for section 2 *[please tick if included]*

**Part 3: Other information**

This information is useful to UKAS for establishing your experience levels in dealing with accreditation type activities.

3.1 Please detail all other current approvals (e.g. CQC registration) held by your organisation

|  |  |
| --- | --- |
| **Name & location of approval body** | **Outline of scope covered** |
|  |  |

3.2 Please give details of any professional networks/associations and/or committees you are a member of, that you consider may be relevant to this application.

|  |
| --- |
|  |

**Part 4: Covid 19 Sampling application**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Standard** |  |  |  |  |
| ISO 15189 |  |  | ISO/IEC 17025 |  |

**Scope(s) Requested:**

| No | Specimens sampled / types of sample | Description of key sampling kit used and main SOP reference | Location of sampling | Details of laboratory(ies) identified to perform tests  (please provide name and UKAS accreditation reference, where known) |
| --- | --- | --- | --- | --- |
| Example 1 | Upper respiratory tract samples  Nose and throat swab sampling for the purposes of COVID-19 testing | Manufacturer A’s swab  SOP ABC | Client workplace |  |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |

* + - 1. *(To facilitate completion, the list of sampling kits, locations and details of the laboratory(ies) used for testing can be documented on an accompanying spreadsheet or table)*

**Part 5: Declaration**

The company/organisation applies for services provided by UKAS for the scope detailed in the Part 4 above.

The company/organisation agrees to comply with the relevant European and/or International Standards, the applicable UKAS requirements, and UKAS Publications as listed on the website (www.ukas.com) and to adapt to any changes in the requirements.

The company/organisation has read and accepts the [UKAS Privacy Policy](https://www.ukas.com/privacy-policy/), as published on the UKAS website.

I enclose:

Quality Manual (or equivalent clinical governance documentation)

Articles of Association / Certificate of Incorporation *(as applicable)*

The supporting information required in Parts 1 and 2 of the Application Form

Signed confidentiality waiver (F542)

One signed copy of the UKAS Agreement (for new or first accreditations with UKAS only)

Payment to cover the \*Application Fee + VAT. I understand that this fee is non-refundable.

We accept electronic payment via bank transfer or credit / debit card payments by phone.

You can make a payment by phone by calling Finance on 01784 429003.

Name on account: United Kingdom Accreditation Service | Account Number: 03304264 | Sort Code: 20-00-00

\*Please refer to the UKAS **Standard Terms of Business** on the UKAS website for the current UKAS application fee

|  |
| --- |
| **Please check you have enclosed all the required documentation. UKAS cannot proceed with your application until all of these items are present** |

DECLARATION (to be completed by the Medical Director or clinical governance lead for the private provider organisation):

I declare that I am authorised, on behalf of the company/organisation, to submit this application, and that the information contained herein is both correct and accurate to the best of my knowledge and belief.

|  |  |
| --- | --- |
| Signed |  |
| Print Name |  |
| Position |  |
| Date | Select the date from the calendar |